STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS An initial certification survey was conducted from April 11, 2011 through April 12, 2011, using the full survey process. A random sampling of three clients was selected from a current population of four females and two males with various degrees of intellectual disabilities. The findings of the survey were based on observations, interviews with clients and staff in the home and at three day programs, as well as a review of client and administrative records, including incident reports.	W 000	Received 5/5/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview, and record review, the facility failed to ensure nursing services were provided in accordance with the needs, for two of the six clients residing in the facility. (Clients #3 and #5) The finding includes: Cross Refer to W455. The facility's nursing staff failed to ensure proper infection control procedures were used prior to administering Client #3 and #5's prescribed eye drops.	W 331	Refer to W 455 P.1 & 2 Refer to attachment #1	4-13-11
W 455	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela Jamison | TITLE: Program Director | (X6) DATE: 5-5-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide an active program for the prevention and control of infection and communicable diseases for two of six clients residing in the sample. (Client #3 and #5) The findings include: The facility's nursing staff failed to ensure proper infection control procedures were used prior to administering Client #3 and #5's prescribed eye drops. a. On April 11, 2011, at 5:06 p.m., the licensed practical nurse (LPN) was observed to wash his hands with soap and water prior to administering medications. At 5:08 p.m., the LPN applied a prescribed facial cream to Client #5's face. Approximately one minute later, the LPN was then observed to administer one eye drop to both eyes of Client #5 with her bare hands. The LPN did not wash her hands after applying the facial cream to Client #5's face. b. On April 11, 2011, at approximately 5:25 p.m., the LPN was observed to wash his hands with soap and water prior to administering medications. The LPN opened the medication cabinet using the combination lock, retrieved Client #3's five (5) medications, touched the medication administration record (MAR), punched 5 of the pills from the blister pack and placed the medications into the cup. The client consumed the medications independently. A few moments later, the LPN administered four eye	W 455	All nurses (LPNs) in the facility were inserviced on infection control by the DON on Refer to attachment #1 In the future, the nursing management will ensure that the nurses implement the prevention and control of infection and communicative diseases as stipulated in the nursing best practices. All nurses (LPNs) in the facility were inserviced on infection control by the DON on Refer to attachment #1 In the future, the nursing management will ensure that the nurses implement the prevention and control of infection and communicative diseases as stipulated in the nursing best practices.	4-13-11 4-13-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	Continued From page 2 drops to each of Client #3's eyes with her bare hands. The LPN did not place gloves on her hands and/or wash her hands before administering the eye drops. Interview with the LPN on April 12, 2011, at approximately 4:40 p.m., acknowledged that she did not wash her hands or place gloves on prior to administering Client #3's and 5's prescribed eye drops. Further interview revealed that she should have put on gloves and/or washed her hands.	W 455	All nurses (LPNs) in the facility were inserviced on infection control by the DON on Refer to attachment #1 In the future, the nursing management will ensure that the nurses implement the prevention and control of infection and communicative diseases as stipulated in the nursing best practices.	4-13-11
W 472	483.480(b)(2)(i) MEAL SERVICES Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that food portions were served in the appropriate quantity, for two of three clients in the sample. (Client's #1 and #3) The findings include: The facility failed to ensure that food was served in the appropriate quantity for Client's #1, and #3, as evidenced below: a. On April 11, 2011, at 6:01 p.m., observations of the dinner meal revealed Client #1 used a measuring cup to scoop one (1) cup of rice onto his plate with hand over hand assistance. A few seconds later, staff was observed to place several pieces of broiled fish onto Client #1's plate. Interview with the direct care staff (DCS) #1 after	W 472	All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the management will ensure that the individuals receive their diets as ordered by the nutritionist.	4-13-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 472	Continued From page 3 dinner on April 11, 2011, at approximately 6:37 p.m., revealed Client #1 was prescribed a 1800 calorie low fat diet. Review of Client #1's current physician's orders dated March 31, 2011, on April 12, 2011, at approximately 1:20 p.m., confirmed the direct care staff's interview that Client #1 was prescribed 1800 calorie, low fat, low cholesterol, chopped diet. Review of the dinner menu on April 12, 2011, at approximately 3:00 p.m., revealed that Client #1 was to receive a 1/2 cup of rice and 2 ounces of broiled fish. Additional interview with the DCS #1 on April 12, 2011, at approximately 3:30 p.m. revealed that Client #1 did not receive the appropriate food portions during the dinner meal on April 11, 2011. b. On April 11, 2011, at 6:02 p.m., observations of the dinner meal revealed Client #3 used a measuring cup to scoop one (1) cup of rice onto her plate with minimal physical assistance from staff. Moments later, staff was observed to place several pieces of broiled fish onto Client #3's plate. Interview with the direct care staff (DCS) #1 after dinner on April 11, 2011, at approximately 6:40 p.m., revealed Client #3 was prescribed a 1200 calorie, low fat, low cholesterol, high fiber diet. Review of the Client #3's physician's orders (PO's) dated March 31, 2011, at approximately 10:46 a.m., confirmed the direct staff's interview that Client #3 was prescribed a 1200 calorie low fat, low cholesterol, high fiber diet. Further review of the PO's revealed the client had a diagnosis of	W 472	All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist	4-13-11 4-13-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 472	Continued From page 4 obesity. Review of the dinner menu on April 12, 2011, at approximately 3:02 p.m., revealed that Client #3 was to receive a 1/2 cup of rice and 3 ounces of broiled fish. Additional interview with the DCS #1 on April 12, 2011, at approximately 3:33 p.m. revealed that Client #3 did not receive the appropriate food portions during the dinner meal on April 11, 2011.	W 472	All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist	4-13-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	INITIAL COMMENTS A licensure survey survey was conducted from April 11, 2011 through April 12, 2011. A random sampling of three residents was selected from a current population of four females and two males with various degrees intellectual disabilities. The findings of the survey were based on observations, interviews with resident and staff in the home and at three day programs, as well as a review of resident and administrative records, including incident reports.	I 000		
I 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on observation, interview, and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure the therapeutic diet was provided as prescribed to meet the nutritional needs, for two of three residents in the sample. (Resident #1) The finding includes: The GHPID failed to ensure that Resident #1's therapeutic diet had been implemented as prescribed to promote weight loss to within her desirable weight range, as evidenced below: On April 20, 2011, at approximately 5:56 p.m.,	I 042	All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist	4-13-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TD THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 042	Continued From page 1 observation conducted during the dinner meal revealed the direct care staff measured one cup of noodles and placed the noodles on Resident #1's plate. At 6:08 p.m., Resident #1 was observed to pour approximately 16 onces of 2% milk into his cup and drank it. Interview with the direct care staff who prepared Resident #1's dinner on April 20, 2011, at 5:58 p.m. revealed that the resident was prescribed a 1800 calorie diet. Further interview revealed that she measured one cup of noodles using a measuring cup onto the resident's plate in accordance with the dinner menu. Review of Resident #1's physician's order dated April 21, 2011, at approximately 3:26 p.m., revealed that the resident was prescribed a 1800 calorie low fat, low cholesterol, high fiber, low starch, low trans fat diet. A few minutes later, review of the GHPID's menu revealed that on April 20, 2011 during the dinner meal, Resident #1 should have received a 1/2 cup of noodles and a cup of skim milk. Review of the nutritional assessment dated March 20, 2011, at approximately 3:30 p.m., revealed the resident had a desirable body weight (DBW) of 150 -192 lbs. Further review revealed the resident's current weight was 210 lbs.	I 042	All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist. All staff were inserviced on individual's # 1 and #3 diets orders with emphasis on the serving portions. Additionally, the inservice was provided to all staff for the rest of the four individuals in the home. Refer to attachment #2 In the future, the home management will ensure that the individuals receive their diets as ordered by the nutritionist.	4-13-11 4-13-11
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.	I 206	Staff # 15, #22 and RN #2 health certificates are currently on file. refer to attachments # 3 In the future the provider will ensure that all of the employee's record are on file, and available upon request.	5-4-11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G231	A. BUILDING _____ B. WING _____	04/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RCM OF WASHINGTON	1776 VERBENA ST NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 206	Continued From page 2 This Statute is not met as evidenced by: Based on interview and record review, the GHPID failed to ensure each staff and consultants had current health certificates, for two of twenty-three staff and one of two registered nurses (RN). The finding includes: On April 12, 2011, beginning at 3:48 p.m., interview with the residential director (RD) and review of the personnel records revealed the GHPID failed to have evidence of current health certificates for Staff #15, #22, and RN #2.	I 206	Staff # 15, #22 and RN #2 health certificates are currently on file Refer to attachments # 3 In the future the provider will ensure that all of the employee's records are on file, and available upon request.	5-4-11